

Instructions

Permit #	This number is assigned by the Program for identification
County	This is the county the facility is in.
Facility Name	This is the name of the Facility
Street Address	This is the address of the Facility
Invoice Payment Method:	This is decided by the Responsible Party as to whom payment is to be made.
Invoice # RR	The original invoice # is added to this line.
Cost Agreement #	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Signature of Payee	This is the signature of the person to whom payment is being made.
Name of Company	This is the name of the company that the above signature represents along with their Federal Tax ID or Social Security Number
Request for Review Invoice Total:	This is the amount of monies denied on original invoice that the requestor is asking for.
DHEC USE ONLY	This block is used by the financial accountant when verifying the amount that has been approved for payment.

D H E C



PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

REQUEST FOR REVIEW

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC)
UNDERGROUND STORAGE TANK PROGRAM
STATE UNDERGROUND PETROLEUM ENVIRONMENTAL
RESPONSE BANK (SUPERB) ACCOUNT

REQUEST FOR REVIEW

UST PERMIT # _____ COUNTY _____

FACILITY NAME _____

STREET ADDRESS _____

Invoice Payment Method: (Check one)

_____ 1. Compensation to Contractor _____ 2. Compensation to Responsible Party

INVOICE # RR- _____ (Please use the original Invoice Number)

Cost Agreement # _____

All Request for Review forms AND All necessary documentation must be received within 35 days of the date of the DHEC correspondence that denies the invoice. (This allows five (5) days for mailing.)

Please use this form when requesting reconsideration of payment from the SUPERB Account for item(s) where compensation was not received. The requestor should provide the following to facilitate the DHEC review:

1. A copy of DHEC denial letter
(circle the items being submitted for reconsideration).
2. A copy of the original summary pages.
3. Written justification for payment of denied item(s).
4. All documentation requested in DHEC denial letter.

NOTE: Prepare a separate REQUEST FOR REVIEW form for each invoice #.

Signature of Payee (Please use non-black ink)

Print Name of Payee

Name of Company

Federal Tax ID or Social Security Number

Request for Review
Invoice Total: \$ _____

DHEC USE ONLY
Amount Payable \$ _____

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